DISCOVERY

Intimate partner violence: A case study of pregnant women attending antenatal care in selected sites, Lusaka, Zambia

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ABSTRACT

Intimate Partner Violence (IPV) during or around the time of pregnancy has been associated with many adverse health outcomes for the pregnant woman and her baby due to the direct trauma as well as the physiological effects of stress and this has an effect on fetal growth and development. Antenatal care visits provide a window of opportunity for identifying women suffering from violence during pregnancy and offering them the support and counseling needed to prevent or reduce adverse effects. Clinical screens and chart prompts have been used and validated in clinical settings in several other countries however, in Zambia this is the first time the assessment was being piloted. The aim of the study was to assess the risk of IPV using the Danger Assessment (DA) among pregnant women attending antenatal clinic at Bwafwano center in Chazanga compound, Lusaka, Zambia. We used a case study approach and the participants were from Bwafwano Health Centre in a high-density area of Chazanga compound in Lusaka, Zambia. A total of 147 pregnant women attending antenatal clinic (ANC) were screened over a period of three months after which nine (9) who experienced IPV were included in the study. In-depth interviews were also conducted with five key informants. The interviews were transcribed verbatim and coded based on predetermined themes guided by the objectives. The data were analyzed manually using thematic analysis.

The findings showed that two of the women had scores of eight and above, revealing 'increasing' danger, while the rest scored below eight showing 'variable' danger. The findings highlighted physical, economic and emotional abuse as the most common types of IPV. Causes of abuse were related to cultural expectations of abuse to be normal, lack of financial empowerment, fear of being divorced if abuse were reported, fear of being shamed by the community and abuse of alcohol by the male abusers and women. The community lacked facilities to attend to the victims of IPV except the police victim support unity (VSU) which had recently been introduced. Women preferred to go to the Community Health committee or family members to resolve their issues.

In conclusion, IPV is a key risk factor among pregnant women. Using the DA, information about the abuse was highlighted and could inform interventions. Interventions should not only include screening of women for IPV but also help

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to provide for the safety of the mother and baby. Further, screening will raise awareness of GBV among pregnant women, minimize incidence and initiate preventive programs to mitigate severe harm and long-term implications.

Keywords: Gender Based Violence, Risk assessment, pregnant women

1. INTRODUCTION

According to the World Health Organization, 35% of women worldwide have experienced either physical and/or sexual Intimate Partner Violence (IPV) or non-partner sexual violence (WHO, 2013). Violence studies from 86 countries across WHO regions of Africa, the Americas, Eastern Mediterranean, Europe, South-East Asia and the Western Pacific, show that up to 68 percent of women have experienced physical and/or sexual violence in their lifetime from an intimate partner. The highest prevalence rates were found in central sub-Saharan Africa, with an estimated 66 percent of ever-partnered women having experienced physical and/or sexual violence by an intimate partner (WHO, 2013). Violence during pregnancy is a critical concern because it is often frequent and severe in nature. Pregnant abused women tend to report experiencing more severe violence compared to non-pregnant abused women (Campbell et al., 1993).

A review of six studies from developing countries (including India, China, Pakistan and Ethiopia) found that 4% to 29% of pregnant women experienced domestic violence during pregnancy (Nasir & Hyder, 2013). Another review of 13 studies from several African countries (including Nigeria, Rwanda, South Africa, Uganda and Zimbabwe) found that 23% to 40% of pregnant women experienced physical violence by an intimate partner (Shamu et al., 2011). Although estimates concerning emotional and sexual violence during pregnancy vary, there appears to be a common pattern: The prevalence of emotional violence is generally greater than the prevalence of physical violence, whereas the prevalence of sexual violence is generally less than the prevalence of physical violence (Perales et al., 2008). In Zambia, despite available policy guidelines on GBV and the introduction of the anti-GBV law, statistics remain high. The 2013–14 Zambia Demographic Health Survey (ZDHS) further, revealed domestic violence as one of the reasons for poor health, insecurity and inadequate social mobilization among women; this negatively affects the uptake of reproductive and maternal health services.

The report further indicated that 10 percent of women experienced physical violence during a pregnancy (ZDHS, 2014). In pregnancy, such violence is associated with poor nutrition, low maternal weight gain, smoking and alcohol use, infections, anemia and maternal mortality. Physical abuse can have a severe impact on the health of a pregnant woman and ultimately the health of her baby. It may lead to pregnancy complications including miscarriage, placental abruption and premature delivery as well as low birth weight (Shah, 2010). To identify abused women, a clinical assessment instrument is required. The aim of this study was to assess the risk of IPV among pregnant women attending Antenatal clinic at Bwafwano Health Center in Chazanga compound, Lusaka, using Danger Assessment "tool". The objective of the study was to find out whether the Danger Assessment (DA) screening would efficiently assess the risk level of IPV among pregnant women.

2. METHODOLOGY

Design

The study used a qualitative case study design to investigate the contemporary phenomena of Intimate Partner Violence in its real-life context of pregnant women using more than one data source. A qualitative approach aims at describing a social phenomenon and behavior using rich contextual data that emphasizes the subjective experience of society. Rich and elaborate information about the risk of IPV as experienced by pregnant women using the DA tool during Antenatal clinic (ANC) was obtained. The study was granted ethical approval by the review board, Unza Biomedical Research Committee (UNZABREC) Ref: 057- 08- 18 and permission was granted by the National Health Research Authority (NHRA).

Study (setting) Site

The study was conducted in Chazanga compound, at Bwafwano Health center as the point of entry into the community. Chazanga compound was purposively selected as it is one of the high-density populated compounds in Lusaka, the capital city of Zambia and has a population of 489,455 (CSO, 2014) with few formal employment opportunities, low literacy and low-income levels especially among women. Bwafwano Health center is a Non-Governmental Organisation (NGO) which offers health services, life skills training and early childhood education to orphans and children in surrounding communities. This setting was conveniently used to pilot the DA tool for the main study project titled: Assessing and addressing risk of antenatal clinic attendees: Catalyzing action on

violence against pregnant women and adolescent girls in Lusaka, Zambia. The aim of this study was to assess the risk of IPV using the DA among pregnant women attending Antenatal clinic at Bwafwano center in Chazanga compound, Lusaka, Zambia.

Study Participants

Study participants comprised pregnant women attending ANC at the Health center. The study targeted all pregnant women above 18 years, regardless of their gestation age and whether they were attending the clinic for the first time or not. To get more information about IPV, key informants were selected to provide additional information. Key informants comprised a Police Officer from the Victim Support Unit (VSU), one Health Worker, Faith Leader, Youth Leader and a Marriage Counselor.

Sampling

Extreme case sampling method was used to recruit the pregnant women attending ANC which involves selecting participants that are unusual or special in some way. Participants were identified by screening using the Calendar (Source). The Calendar was scored out of 5 and any score from 1-5, indicated a woman had experienced abuse in the past one year and qualified to be included in the study. A total number of 147 women were screened and a purposive sample of 9 pregnant women attending ANC were finally included in the study. Further, five members of the community were included as key informants. Women who scored zero were excluded from the study.

Data Collection Technique

The DA screening tool was used to collect data. The first step was to identify women who had been abused by using the Calendar. The second step was an interview using the DA screening tool which had twenty questions. Where appropriate the researcher was able to use the DA which had been interpreted into a local language (Nyanja). A semi-structured guide was used for in-depth interviews with five key informants (Police Officer, Faith leader, Health worker, Youth leader and Marriage counselor).

Screening Using Calendar

The process of screening the pregnant women by the health worker involved explaining the risk factors associated with homicides (murders) of both the batterers and the battered women. The women were told that the risk cannot be predicted but there was need to be aware of the danger of homicide in situations of severe battering and for them to see how many of the risk factors applied to them individually. Using the calendar, participants were asked to mark the approximate dates during the past year when they were beaten by their husband/partner. They were asked to document how bad the incident was according to the following Likert- scale:

1. Slapping, pushing - no injuries and/or lasting pain
2. Punching, kicking - bruises, cuts and/or lasting pain
3. "Beating up" - severe contusions, burns, broken bones
4. Threat to use weapon - head injury, internal injury, permanent injury
5. Use of weapon - wounds from weapon

*If you were choked to unconscious (dizzy/felt like you started to black out), also use this symbol: "©" in addition to writing 4. Example: 4© (If any of the descriptions for the higher number apply, use the higher number)

Danger Assessment

For those included in the study, an appointment was made for an interview with the researcher to conduct a DA. The DA was used to assess the risk of IPV among 9-screened pregnant women. The DA by Campbell, (2004) is a Tool used to assess the danger and likelihood of a woman being injured or killed by a current or former partner. The interview using the DA lasted an average of thirty-five minutes. Depending on the outcome of the DA interview, follow-up post-intervention interviews with the trained counselors at the clinic were arranged. The resulting score provided an indicator of a woman's specific risk level of lethality.

Table 1 Scores for both the Calendar and Danger Assessment for each woman enrolled

Scores	W1	W2	W3	W4	W5	W6	W7	W8	W9
Calendar	1/5	1/5	1/5	2/5	1/5	1/5	1/5	1/5	1/5
Danger Assessment	3/20	1/20	3/20	8/20	2/20	9/20	2/20	6/20	3/20

The scores indicated that seven (7) women scored below eight (8) and were in Variable Danger, while two (2) women scored eight (8) and above which indicates Increasing Danger for IPV.

***Key to interpretation of the DA scores**

A score of 8 or below indicates a variable danger range.
A score of between 8 and 13 indicates increased danger.
A score of between 14 and 17 indicates severe danger.
A score of 18 or greater indicates extreme danger.

Key Informant Interviews

The in-depth interviews were conducted on different days at the health facility in a private room. The interview with the Police Officer however was held at the police station - Victim Support unit (VSU). The key informants included a Youth leader, Faith leader, Health worker and Marriage counselor. These participants were identified and chosen with the help of members of senior staff at Bwafwano Health Facility. They were chosen because of their commitment and involvement in community activities and had lived in the same area for not less than two years. They were all involved in community activities such as, the Neighborhood Health Committee (NHC), community volunteering and mobilization teams. They knew the community well and were trusted by the health care team. The interview lasted 30 – 40 minutes and was audio recorded.

Data Management and Analysis

Scoring for the Danger Assessment (DA)

Data collected from the participants through the use of the DA tool was used to assess the risk of IPV among the pregnant women. Further, the transcripts were analyzed manually after reading and rereading. Emerging themes were identified and grid tables were prepared around the themes. Thematic analysis was used to analyze participants' responses and insights. The key themes were developed from a predetermined code structure, adopted from the objectives and conceptual framework of the study. These themes created the structural themes as well as the analytical themes. Continued revision and addition of new codes was required due to the dynamic nature of the problem.

3. FINDINGS OF THE STUDY

Participant Information

The participants were mostly young women aged 20-32 years. Almost all of them were not in formal employment while 3 reached grade 12 (high school). The results highlighted that the abused women were in marriage relationships apart from one who was living with a known partner. Almost all the women screened had experienced IPV and were advanced in pregnancy (3rd trimester). The key informants were a Police Officer, Clinical Officer, Faith Leader, Youth Leader and a Marriage Counsellor.

Below are the four major themes that put into context the experience with IPV and how using the DA the risk to pregnant women was explained. The themes include the characterization of the women, types of abuse as understood by the abused, perceived causes of abuse and the available services for use by the victims.

Women affected by IPV

This theme highlighted that all pregnant women regardless of their education background were prone to abuse. However, women who got married because of pregnancy or in an arranged marriage where the man was older were most likely to be in an abusive relationship.

The following quotes are from key informants:

"… GBV occurred to any woman across the lifespan regardless of education or income'' (KII: Youth Leader)

"Those women who either got married because of a pregnancy or an arranged marriage where the husband was older were more at risk." (KII: Health Worker)

Types of IPV Commonly Experienced by Pregnant Women Attending ANC

For this study, the most common types of IPV experienced were mainly physical, sexual, verbal and emotional violence. The following quotes describe these forms of IPV:

> *"At one time after quarrelling he tried to choke me saying he was fed up with me. I have informed his relatives but they don't seem too concerned, so I am just waiting to deliver then I will seek for legal counsel"* (W4; DA 8/20; 31 years old).
>
> *"We had been quarrelling over finances and he slapped me, this was not the first time, because he usually gets out of hand when he is drunk."* (W 6; DA 9/20; 24 years old)

One of the key informants confirmed that women who reported the cases suffered physical abuse: "*It is common for a husband to quarrel with his wife then leaves the house to go and drink alcohol. When he comes back, he will beat the wife. Serious* physical *injuries have been sustained by women in form of fractures, serious stab wounds in one case to the woman's 'private parts and burns."* (KII: Police Officer).

Other participants reported that refusing to have sex led to beating: "*At one time I refused to have sex with him and he beat me, later I found him with some pills which I suspect are sex enhancers.*" (W4; DA 8/20; 31 years old).

Regarding verbal abuse a pregnant woman added: *"Usually after drinking he would tell me off for simple things like complaining about my cooking that I don't know how to cook, not answering me well and even telling me that I don't think."* (W1, 3/20; 23 years old).

In some cases, fear of going without financial support was reported by KII: *"A man will leave his family for even up to a month without leaving any money or food for the family and when the house is due for paying rent and the landlord threatens to evict them, that is when the woman will come and report to police.*" (KII: Police Officer).

The KII emphasized women without source of income were more at risk of abuse: *"Lack of economic empowerment by women was a contributing factor in abuse. Most of the women don't go far in school so they find it difficult to get jobs or even come up with ideas for business. He said that women who were not working had no freedom of expression in the house."* He further explained that; *"The husband dominates the wife because he feels that she is not contributing financially because she is lazy so she should not complain about anything."* (KII: Faith Leader)

Perceived Causes of IPV

Among the women who were abused, this study highlights the perceived causes of abuse as cultural expectations, fear of being shamed or divorced, alcohol abuse by men and women and the feeling that men can just abuse their partners and get away with it. The following narratives highlight the perceptions:

Regarding the insecurity regarding marriage, a health care worker added to the narratives: *"Sometimes women will endure GBV as being part of their lives (normal) because they don't have anywhere else to go if they left the marriage. One woman even said, what will people say if I started staying alone, when they all know that I am his wife."* (KII: Health Worker).

Regarding cultural and religious understanding, a faith leader added a different perspective where women are financial providers and men manage all the activities in their homes: "*The wives are not allowed to go anywhere on their own unless as a group. Sometimes due to religious reasons, they are not allowed to seek medical help unless the husband allows them. Women are the ones who provide an income for the whole family. The role of the man is to manage the activities including finances. At the end of a working day the wives' hand over the amount of money they made for him to keep."* (KII: Faith Leader).

In this regard, it was common to hear that culture and the community dictates that a woman is only secure and respected if she is married and stays married: *"If I left my matrimonial house, where would I go because it would be embarrassing for me to start living alone when everyone knows I am married."* (W5; DA 2/20; 25 years old).

In this study, multiple relationships were reported and considered normal, and women were changed at will: "*Today they want to be married, tomorrow they don't. Today they will see this girl and want to marry her tomorrow they see someone else and change their mind."* (KII: Marriage Counsellor). This idea was in harmony with what a woman who was at increased risk of abuse (DA 8/20) reported: "*He has been trying to find faults with me for some time now, he says he can divorce me and marry someone else"* (W4; DA 8/20; 31 years old).

Some participants brought out the issue that men feel it is okay to indulge in alcohol and some key informants shared that during such gatherings nothing productive comes out.

> "*Most of the young men spend a lot of time at drinking places with friends discussing unproductive issues like how to get girlfriends and how to cheat on your wife without being caught. They take it like a game without looking at the consequences to themselves and their family."* (KII: Youth Leader)

Unresolved arguments and fear that men will lose their respect were sighted as a cause for abuse: "*He slapped me because I confronted him over a girlfriend of his, which he denied and said I had embarrassed him because I was asking him in public."* (W7; DA 2/20; 20 years old). Another participant added: *"Am I the only one who comes late for choir practice? This upset my husband who slapped me for answering rudely. He said I had embarrassed him and was showing a bad example for other members of the choir."* (W2: DA 1/20; 25 years old).

Abuse of alcohol and drugs was reported: *"He usually becomes abusive after drinking, in fact he gets out of hand because he will be talking on top of his voice and just telling him not to talk too loudly makes him hit me*" (W8, DA 6/20; 32 years).

> *"Not only men abuse alcohol but now even women are abusing a drug called 'nsunko'. The use of 'nsunko' has become fashionable to young ladies because of its various 'effects'. There has been a rise in the use of this drug over the past five years. The 'nsunko' is raw tobacco which is being laced with different types of drugs. After use the woman becomes intoxicated and behaves irrationally which leads to fights with partner, especially if the man was also drinking."* (KII: Youth Leader).

It was also noted that financial insecurity made abused women to stay in their relationships regardless of the risk. The following narratives were common:

> *"Sometimes a woman will decide to leave the husband and go back to her parent's house. She will stay there only for a while because the parents cannot sustain her financially. Usually, they reconcile with the husband and she will go back."* (KII: Health Worker).
>
> *"Lack of economic empowerment by women was a contributing factor in abuse. Most of the women don't go far in school so they find it difficult to get jobs or even come up with ideas for business. Women who were not working had no freedom of expression in the house/home"* (KII: Faith Leader).

The perception of risk of GBV was described by the actions abused women took such as not taking legal action, accepting to be abused. Common narratives were as follows:

> "When *women reported to the police, they did not want to take any legal action against the husband or boyfriend. Women only report to police so that the perpetrators would be afraid to beat their wives again because once they got a call-out they would go to the police station and be locked up"* (KII: Police Officer) and he added: "*A woman will live with IPV until it gets really severe. They will only report when the injuries are severe or when the husband deserts them for a longer period and they cannot make it alone financially*." (KII: Police Officer).

A marriage counsellor reported that in some cases, an abused woman will became a social misfit because of what they have experienced: *"A married woman can sometimes respond by starting to 'misbehave' they will also leave the house and come back after some days. The children become neglected in the process. Sometimes women will endure IPV as part of their lives because they don't have anywhere else to go if they left the marriage. One woman even said what people will say if I started staying alone because people know that I am his wife."* (KII: Marriage Counsellor).

Community Services Available for Victims of IPV

The community had no services specific for victims of IPV. The Victim Support Unit (VSU) was recently introduced to the Chazanga police post but many people did not know about this service. Mostly women facing abuse reported to the Health Development Committee (HDC) in the area. The health worker explained that: *"Mostly women seek help by going to the HDC. They prefer to go there because they are assured of confidentiality and the committee would summon the husband to come for counseling."* (KII: Health Worker)

Study Recommendations

This qualitative study shows that Intimate Partner Violence was rife amongst pregnant women attending antenatal Clinic. These findings consolidate the findings by WHO, (2013) that there are high rates of IPV in Sub-Sahara Africa as the Study Site was in Chazanga, Zambia which is located in Sub-Sahara, Africa. The entry point to Chazanga compound was a small clinic run by an NGO. It was selected because it was not going to be among the government clinics that would be used for the bigger study. In addition, the number of women screened was limited to those women available during the antenatal clinics. This may have excluded those women who come for their first booking at the Clinic. We cannot generalize these findings to the general population because the health centre catered for a small population. Intimate partner violence during pregnancy is a common experience among women seeking ANC and the DA was used to identify those at risk in this study. Improving the educational and social economic status of women would change how pregnant women perceive and respond to IPV. In order to protect the health and safety of pregnant women and prevent trauma and disability, routine clinical use of the DA is recommended for women attending the ANC in this and similar settings.

Informed consent

Written consent was obtained from the patient.

Ethical approval

Ethical Approval was granted by UNZABREC (Ref. no.: 057-08-18).

Conflicts of interests

The authors declare that there are no conflicts of interests.

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Data and materials availability

All data associated with this study are present in the paper.

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